



Baylor Scott & White

ARRHYTHMIA MANAGEMENT

A member of HealthTexas Provider Network

Health History Form

Today's Date: _____

Patient Name: _____ **Date of Birth:** ___//___//___

Primary Care Physician: _____

Referring Physician: _____

Other Doctors/Specialists: _____

Chief Complaint (Reason for Visit): Please check *all* that apply

- | | |
|--|--|
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Dizziness/Lightheadedness |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Syncope/Passing Out |
| <input type="checkbox"/> Chest Discomfort/Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Other Symptoms: | |

Patient's Cardiac Risk Factors: Please check *all* that apply

- | | |
|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Former or Current Smoker |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Previous Stroke |

Please provide the name, address, phone, and fax for your preferred pharmacy. You will find this information on your current prescription bottles:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____	Pharmacy Fax: _____
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Patient Name: _____ **Date of Birth:** ___//___//___

Do you experience (circle one):

Snoring? Yes / No

Daytime Drowsiness? Yes / No

Surgical History:

Date	Description

Hospitalizations within past 1-2 years:

Date	Hospital/Facility	Description

Major Accidents: _____

Childhood Significant Illnesses: _____

Other significant medical problems: _____



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Patient Name: _____ **Date of Birth:** __/__/____

Family History: Please mark *all* that apply

	Mother	Father	Sibling	Child	Maternal Grandparent	Paternal Grandparent
Deceased						
No known problems						
Arrhythmia						
Cancer						
Heart Disease						
Clotting Disorder						
Fainting						
Heart Attack						
Heart Failure						
High Cholesterol						
High Blood Pressure						
Sudden Death						
Aneurysm						

Social History: Please indicate your current status for each of the following categories.

Alcohol:	Yes / No	If yes, type of alcohol: Amount per day or week:
Drug Use:	Yes / No	If yes, type: Amount per day or week:
Tobacco Use (Current or Former):	Yes / No	If yes, type: Snuff / Chew / Cigarettes / Cigar / Pipe / E-Cigarette Packs/day: Years:

Occupation/Employer: _____

Marital Status: _____



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Patient Name: _____ Date of Birth: __//__//__

Please check only the symptoms you are currently experiencing.

General/Constitutional

- Fatigue
- Fever
- Lightheadedness
- Sleep disturbance
- Weight gain
- Weight loss

Allergy/Immunology

- Congestion
- Cough

Ophthalmologic

- Blurred Vision

Respiratory

- Cough
- Shortness of breath at rest
- Shortness of breath w/ exertion

Cardiovascular

- Chest pain at rest
- Chest pain w/ exertion
- Difficulty lying flat
- Dizziness
- Fluid accumulation in the legs
- Irregular heartbeat
- Palpitations
- Shortness of breath

Gastrointestinal

- Abdominal pain
- Decreased appetite
- Difficulty swallowing
- Heartburn
- Nausea

Hematology

- Easy bruising
- Fever

Genitourinary

- Frequent urination

Musculoskeletal

- Joint stiffness
- Leg cramps
- Muscle aches
- Painful joints

Peripheral Vascular

- Cold extremities
- Pain in legs after exertion

Skin

- Rash
- Skin lesion(s)

Neurologic

- Balance difficulty
- Dizziness
- Fainting
- Gait abnormality
- Headache
- Transient loss of vision

Psychiatric

- Depressed mood
- Difficulty sleeping
- Loss of appetite

Women Only

- Hot flashes



Our Mission

Arrhythmia Management is committed to providing advanced cardiac electrophysiology care to adult patients in the North Texas region.

By treating the person, not just the symptoms, our physicians and clinical staff forge an alliance that helps ensure the health and well-being of every patient.

MyChart / MyBSWHealth

<https://mybswhealth.com/>

We highly recommend that all of our patients enroll in MyChart, also known as MyBSWHealth.

MyChart is a safe and secure application that allows our patients to manage their health with direct access to their health records through our digital tool MyBSWHealth.com.

MyChart Features Include:

- ✓ *Communicate with your doctors.*
- ✓ *Schedule and manage your appointments.*
- ✓ *View your personal health records through MyChart.*
- ✓ *See your lab results.*
- ✓ *Review and pay your bills.*
- ✓ *Access your health library.*

To sign-up, call our office for your access code, or call the MyBSWHealth help desk at 855-691-0180.